United Nations E/ICEF/2000/P/L.23

Economic and Social Council

Distr.: Limited
9 March 2000

Original: English

For information

United Nations Children's Fund
Executive Board
Annual session 2000
22-26 May 2000
Item 7 of the provisional agenda*

Summary of mid-term reviews and major evaluations of country programmes

East Asia and Pacific region

Summary

The present report was prepared in response to Executive Board decision 1995/8 (E/ICEF/1995/9/Rev.1) which requested the secretariat to submit to the Board a summary of the outcome of mid-term reviews (MTRs) and major country programme evaluations, specifying, *inter alia*, the results achieved, lessons learned and the need for any adjustments in the country programme. The Board is to comment on the reports and provide guidance to the secretariat, if necessary. The MTRs and evaluations described in the present report were conducted during 1999.

Introduction

1. The present report covers mid-term reviews (MTRs) in Cambodia, the Democratic People's Republic of Korea, Malaysia, Mongolia and the Pacific island countries. Cambodia's review was actually carried out in 1998, but due to political uncertainty in the country at the time, it had to be scheduled too late to be included in last year's report. Three recent evaluations conducted in the region are also included in this report: a study of the long-term contamination potential of water-seal latrines in Viet Nam; a household survey of child malnutrition in the Democratic People's Republic of Korea; and an assessment of the Mekong subregional project on HIV/AIDS, encompassing activities in Cambodia, China, the Lao People's Democratic Republic, Myanmar, Thailand and Viet Nam.

*E/ICEF/2000/9

00-54431 (E) 080500

Country mid-term reviews

Cambodia

2. The 1996-2000 Cambodia country programme coincides with the Government's first five-year socio-economic plan, which emphasizes poverty alleviation and rural development. The Cambodian Constitution embodies many of the rights set out in the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. However, not all of the constitutional guarantees have been implemented through appropriate legislation, and existing laws are not enforced consistently.

3. **The situation of children and women**. While infant, child and maternal mortality have declined in recent years, they remain among the highest in Asia. National estimates for infant and under-five mortality are 89 and 115 per 1,000 live births, respectively. The maternity mortality rate (MMR) is estimated at around 470 per 100,000 live births. Expanded programme on immunization (EPI) coverage peaked in 1995, but has dropped off since then; probably less than 50 per cent of children are fully immunized. However, despite the low immunization coverage, no laboratory-confirmed cases of wild polio virus have been detected since early 1997, and there is hope that polio eradication will be achieved in the next few years. Together, diarrhoea and acute respiratory infections (ARI) account for almost one half of total childhood mortality. A high malnutrition rate substantially exacerbates the extent and seriousness of childhood illness.

4. Net enrolment at the primary level has improved significantly in recent years and now stands at 78 per cent overall. However, there is wide disparity between urban and rural areas, and drop-out rates remain high, especially among girls in rural areas. Cambodian children are subject to the whole range of child protection risks, including sexual exploitation, living on the street, child labour and those in conflict with the law. Weakened by decades of civil war, family and community structures cannot always provide adequate care and protection for children.

5. **Achievements and constraints**. The current country programme in Cambodia represents a major shift in orientation from previous programmes, which focused on emergency assistance and reconstruction. Emphasis has now shifted to an integrated approach to development, taking children's and women's rights as the starting point. The centrepiece of the cooperation is the community action for social development (CASD) programme, which covers 552 villages in eight of the country's 23 provinces. CASD incorporates water and environmental sanitation, literacy, credit and family food production, supported by national activities in health and education. The programme was judged by the MTR to have made good progress despite financial and human resources constraints. The health programme has developed a mix of service delivery, public education and monitoring strategies for the end-decade goals. The scope of the programme has been broadened to include all major health threats, including HIV/AIDS, while at the same time giving sharper focus to special groups such as schoolchildren and the urban poor. UNICEF assistance in basic education has contributed to ongoing sectoral reform and capacity-building to support its implementation. Assistance has been provided for the development, printing and distribution of textbooks in mathematics, science and the Khmer language. An Education Management and Information System has been put in place to strengthen regular monitoring and analysis of system performance.

6. Inadequate budgetary allocations for the social sectors, slow disbursement of available funds, weak institutional and human resources capacities, and unreasonably low salary levels for civil servants are constraints common to all sectors. The heavy dependence of UNICEF funding on other resources has also made it difficult to plan and sustain certain activities.

7. **Assessment of programme strategies: lessons learned**. The MTR determined that the current master plan of operations remains valid, with some adjustments to reflect newly established priorities, limitations and emerging problems. Further emphasis is to be given to capacity-building based on the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women, and the "building from below" approach will be further reinforced. Service delivery remains important, and decentralization should support outreach to the poorest groups. Further integration and coordination are necessary to achieve the social goals for the decade. Experience with CASD has shown that a participatory and empowering approach enhances community ownership and

sustainability, and positively influences the utilization of available resources. However, national coverage by the CASD programme is not feasible, and no further expansion will be attempted during the current programme cycle.

8. **Country programme management plan (CPMP)**. Results of the programme and operations audits carried out in early 1998 provided significant input into the entire MTR process. They were important factors in the MTR agreement to revise overall programme objectives for the final years of the programme cycle to make them more realistic and consistent with the country programme recommendation. Changes in country office staffing and structure were proposed and approved by the programme and budget review in early 1999.

Democratic People's Republic of Korea

9. As compared with the situation in 1997 and 1998, conditions for the children and women of the Democratic People's Republic of Korea have improved, although they are still far from what they were in the early 1990s. The natural disasters that struck the country in the mid-1990s not only destroyed or severely damaged crops and infrastructure; they were also devastating to an economy that was already struggling to come to grips with the loss of its main trading partners following the break-up of the Soviet Union. The economic crisis has, in turn, made recovery and rehabilitation a difficult and prolonged process.

10. **The situation of children and women**. The most immediate consequences of the emergency situation have been food shortages, a sharp deterioration in the quality and availability of social services, and increased health risks due to environmental factors such as unsafe water and sanitation and inadequate heating during the cold winter months. Under-five mortality, estimated at 30 per 1,000 live births prior to the onset of the emergency, was reported to have risen to 55 by 1996. A significant increase in the incidence of childhood diarrhoea has been noted. A 1998 national nutrition survey found 16 per cent of children to be moderately or severely wasted, and 62 per cent to be stunted. Government statistics indicate that 22 per cent of children weigh less than 2.5 kilograms at birth. Official figures also show a substantial rise in maternal mortality, from 70 per 100,000 live births in 1990 to 105 in 1996. Women's health in general is a matter of concern due to inadequate food intake, poor obstetric care and frequently heavy physical labour.

11. **Achievements and constraints**. Despite the difficult prevailing conditions, considerable progress has been made in key areas affecting the rights and welfare of children and women. The establishment of a National Coordinating Committee for Implementation of the Convention on the Rights of the Child in May 1999 is an indication of the Government's commitment to promoting children's rights. The Concluding Observations of the United Nations Committee on the Rights of the Child on the first country report of the Democratic People's Republic of Korea have been translated into Korean for dissemination. In health, UNICEF support has helped to improve the availability of essential drugs and basic medical supplies and equipment in clinics and hospitals. The EPI cold chain has been largely rehabilitated, and as part of the revival of the routine immunization programme, the Government agreed to adopt the World Health Organization (WHO)/UNICEF recommended immunization schedule. Training in appropriate drug use, proper case management for diarrhoea and ARI, and early diagnosis of high-risk pregnancies has been carried out. Materials such as drug treatment manuals have been disseminated to help overcome the isolation of health staff from technical information and knowledge about current practices elsewhere in the world. An important part of UNICEF support in the nutrition sector has been for the development or rehabilitation of domestic capacity to produce fortified corn-soya blend and high-energy biscuits as supplementary foods, in partnership with the World Food Programme (WFP), and for the restoration of local iodized salt production. Assistance has also helped to strengthen government capacity to develop groundwater sources, carry out regular chlorination of water supplies, and repair and maintain water and sanitation facilities, giving priority to children's institutions and selected health facilities.

12. Apart from the structural and institutional damage inflicted by the recent crisis, limited donor response to the latest emergency appeal has been a major constraint. In a situation where supplies account for 90 per cent of UNICEF assistance, substantial delays in procurement and delivery have had a significant impact on programme implementation. Government attention to end-use monitoring of UNICEF assistance and

improvement of the warehousing system is urgently needed.

13. **Assessment of programme strategies: lessons learned**. The establishment of a UNICEF office in Pyongyang in 1996, and the greatly expanded scale of assistance that has resulted from the emergency, have increased routine contacts and constructive dialogue with the Government. While this has been a very positive development in general, there is still room for improvement, especially in the area of data development and information sharing, which are essential for proper management, monitoring and evaluation of programme performance.

14. Among the other lessons learned from recent experience are the need to achieve a balance between service delivery and supply components on the one hand, and capacity-building for efficient, effective implementation on the other. In general, the areas in greatest need of strengthening are at subnational levels, and investment at these levels is likely to yield the greatest returns. The child malnutrition problem in the country is a result of many interrelated factors, and coordinated interventions, including health care, clean water and environmental sanitation, and education, as well as food security, are needed. Strategies are also needed to utilize the country's impressive social mobilization capacity more effectively for a wider range of activities such as national immunization days and the promotion of improved hygiene and sanitation practices.

15. **CPMP**. Developed in August 1998, the CPMP has provided a useful framework for strategy formulation, monitoring and evaluation, management of financial and human resources, supply and logistics functions, and information technology. It has also helped to consolidate UNICEF presence in the country, and to strengthen and broaden the capacity of government counterparts through in-country training and intercountry experience exchange. Finally, it has promoted improved effectiveness, accountability and participatory management within the UNICEF team. Qualitative management indicators have been identified for all functional areas and are being monitored on a monthly basis.

Malaysia

16. **The situation of children and women**. Over the past decade, Malaysia has seen rapid improvement for children and women in most indicators of survival, protection and development. Many of the most pressing problems are those that have emerged in recent years as consequences of rapid economic development, a sharp rise in the proportion of working women and rural-urban migration. Moreover, although overall levels of well-being are high, there are significant disparities in some indicators between urban and rural areas and among states, regions and population subgroups.

17. The infrastructure for the delivery of basic health services in Malaysia is one of the best in the developing world and is accessible to more than 95 per cent of the population. About 80 per cent of all births take place in hospitals, and official government figures show that the infant mortality rate has dropped by about one third during the 1990s, from 13.1 to 9 per 1,000 live births. In the same period, MMR has also declined substantially and is currently estimated officially at 39 per 100,000 live births. Piped water and proper sanitation are now available to about 90 per cent of the population. Net primary school enrolment is in the high 90th percentile, with little difference between boys and girls. Pre-school care and education is available to 70 per cent of children between the ages of four and six years, and efforts are under way to improve both the quality and outreach of this service.

18. The record in preventing child malnutrition is less positive. About 19 per cent of children under five years old suffer from moderate or severe underweight. In peninsular Malaysia, iodine deficiency disorders (IDD), as measured by goitre prevalence, is about 2.5 per cent, with higher pockets in the central highlands; in the Borneo states of Sabah and Sarawak, the rates are 18 and 11 per cent, respectively. Problems associated with changing lifestyles, including smoking, drug abuse and increased consumption of "junk food", pose long-term threats to the health and nutritional status of Malaysian children. While the incidence of HIV/AIDS is far below the levels in some of Malaysia's neighbouring countries, the number of officially reported cases has nearly tripled in five years, from 9,000 in 1995 to 26,000 in 1999.

19. **Achievements and constraints**. A substantial portion of UNICEF assistance during the current programme has been used to fill data and information

gaps in new or emerging problem areas. Studies have been supported in areas such as child care in families with working mothers and the special needs of disabled pre-school children. UNICEF has also helped to organize training and workshops on community monitoring and the protection of children against abusive and exploitative treatment. Child participation has been encouraged in activities such as youth peer group education on healthy lifestyles and HIV/AIDS prevention. Surveys of urban children have been used to assess the "child friendliness" of neighbourhoods in terms of physical safety, living and recreational space, water and air pollution, and other characteristics. UNICEF activities have been constrained by the very limited availability of programme funds.

20. **Assessment of programme strategies: lessons learned**. Annual and mid-term reviews have recognized that closer partnership with non-governmental organizations (NGOs) and other civil society groups provide opportunities for more flexible and innovative programming, especially in newer areas where mechanisms for effective grass-roots involvement are still being developed. There is also a clear need to formulate and operationalize a clear strategy for mobilizing the very considerable resources that exist within Malaysia to sustain or increase support for children's and women's issues despite declining inputs from UNICEF and other external donors. The major challenge is to deploy the limited funds and small-scale assistance of UNICEF in such a way as to leverage further contributions and trigger larger and more far-reaching activities on behalf of children and women.

21. **CPMP**. Given that the UNICEF office in Kuala Lumpur consists of only the head of office, three support staff and a driver, a formal CPMP has not been considered necessary or appropriate. However, an open management system is employed, and all staff are kept informed of current issues and decisions.

Mongolia

22. As Mongolia marked the tenth anniversary of the Democratic Revolution in 1999, the struggle to transform its economy, achieve an effective and stable political foundation, and meet the needs and aspirations of its citizens continued. Although some key macroeconomic indicators are favourable, the volatile political environment has slowed progress on important initiatives, and there has been erosion in resource allocations for basic social services. On the other hand, new laws were passed during 1999 that bring Mongolia into compliance with international conventions on international child adoption and the worst forms of child labour.

23. **The situation of children and women**. Social statistics present a mixed picture in Mongolia. Many key indicators, such as infant and child mortality and enrolment rates, are generally good compared to other developing countries, but in some areas, such as maternal mortality and literacy, there are fears of slippage from levels achieved earlier. The situation is complicated by significant discrepancies that have emerged in several areas between survey findings and routine service statistics. Physical infrastructure is deteriorating in the social sectors, particularly in education, where many schools are unsafe, poorly heated in winter and ill equipped. Iodine deficiency is a major public nutrition problem, but only 32 per cent of households consume iodized salt. Nearly 30 per cent of children are stunted. A 1998 living standards survey concluded that 36 per cent of the population were living in poverty, one half of them in extreme poverty. This high poverty incidence underlies many of the problems that have emerged over the past decade. Alcoholism and violence in the home have become national concerns and contribute in a major way to the rapid growth in the number of street children, drug abuse, unsafe sexual behaviour and depression too often leading to suicide.

24. **Achievements and constraints**. Important progress has been made in community-based initiatives in health, education, and child and family welfare. The community and health project has introduced community-managed revolving drug funds and mechanisms for payment in-kind or on credit for health services, resulting in the demonstrably increased availability of essential drugs, improved access and equity in primary health care delivery, reduced costs and increased efficiency. The community-based approach to primary education project has introduced child-friendly and participatory teaching methods. It has also encouraged the active involvement of parents and local government officials in assessing needs in the school environment, such as the heating system, and mobilizing community resources to help bring about improvements. The project also includes a non-formal education component for children who have dropped

out of school. Other projects are attempting to apply similar concepts of community mobilization, family involvement, capacity-building and collaboration between community members and official agencies to the specific problems of street children, the rehabilitation of disabled children and poverty alleviation.

25. A major constraint in all of these community-based projects is that they are currently small in scale, with limited outreach capacity. Even when their popularity and successful performance have been fully demonstrated, there is a need to ensure that they complement rather than compete with mainstream systems.

26. A significant beginning has also been made in promoting child participation in the context of today's realities. In collaboration with the United Nations Country Team, a series of One-World Conferences has been organized to help empower and challenge Mongolia's youth to take a more active role in public life. As part of this initiative, UNICEF, with support from the United Nations Foundation, launched a national adolescent needs assessment to involve youth in the planning, analysis and implementation of programmes to meet their priority needs.

27. **Assessment of programme strategies: lessons learned**. The MTR agreed that no substantial changes were needed in the country programme structure. The programme should continue to work towards achievement of the World Summit for Children goals and those of the National Programme of Action, with particular focus on universal salt iodization and the elimination of IDD, the reduction of maternal mortality and child protection goals. In all programme areas, efficiency, sustainability and equity should be emphasized. The MTR strongly recommended that both the Government and donors should vigorously implement the 20/20 Initiative for basic social services. A need for greater coordination of donor inputs, better strategic planning linked to resource mobilization efforts, and improved data, coupled with more effective utilization for monitoring and evaluation, was also recognized.

28. **CPMP**. A CPMP is currently being prepared in light of MTR recommendations. Beginning in 1998, the office began a systematic revision of the internal management structure and its work processes, as well as preparations for the introduction of the Programme Manager System (PROMS). A control self-assessment was undertaken in early 1999 to further promote management excellence.

Pacific island countries

29. The geographical fragmentation of the Pacific subregion, and the need to work with 13 separate Governments and many more sectoral departments, NGOs and other civil society organizations, pose an ongoing challenge to the management and implementation of the UNICEF-supported programme in the Pacific. Matters were complicated in 1999 by a change of Government in six of the island nations. Many of the countries of the subregion have only recently gained access to television and the Internet, whose impact, both positive and negative, will undoubtedly be substantial, although the specific implications are far from clear.

30. **The situation of children and women**. While many improvements in children's welfare over the past decade are apparent, a lack of current and reliable data makes it difficult to document and monitor the degree of improvement in specific areas and countries. In most of the subregion, access to basic education is good and literacy rates are relatively high, generally with little gender disparity. The main exceptions are the Solomon Islands and Vanuatu. In many countries, however, primary school completion rates are poor, and tests of general literacy have yielded disappointing results.

31. Seven countries have reduced overall infant and child mortality by at least one third over the past decade. EPI coverage is over 80 per cent in all but one of the programme countries. Vitamin A deficiency is known to be very high in some countries, and the distribution of capsules and promotion of improved dietary habits have been instituted in the Federated States of Micronesia, the Marshall Islands and Kiribati. In Fiji, an assessment of iodine deficiency found a significant prevalence of IDD, which has prompted the authorities to require that all imported salt be iodized. Iron deficiency anaemia is widespread throughout the Pacific, although only Fiji has a comprehensive plan of action for addressing the problem. While the basic challenges of child survival have been overcome in most Pacific island countries, non-communicable diseases, obesity and other problems related to unhealthy dietary practices and lifestyles are emerging as critical concerns. An increased interest in human

rights issues and a greater openness in public discussions of them are apparent in many parts of the subregion.

32. **Achievements and constraints**. A major focus of UNICEF advocacy in the current cooperation has been to encourage and assist Governments and civil society groups to become more active and effective promoters of children's rights and welfare. National coordinating bodies for children (NCBs) have been formally established in almost all countries, although not all are active. A two-day training session following the MTR meeting was designed to clarify the role of NCBs, provide an opportunity for the exchange of practical experiences, and generally revitalize and strengthen the NCBs in their monitoring and advocacy functions. To enhance the learning environment for pre-school children, teacher training, curriculum and materials development, and the establishment of model centres for early childhood care and education (ECCE) have been supported, in conjunction with workshops on ECCE concepts and methodologies for parents, teachers and students in teacher-training colleges. Early indications are very positive, particularly in the Solomon Islands, and dramatic improvements in parent awareness and involvement are reported.

33. **Assessment of programme strategies: lessons learned**. The MTR exercise generally reconfirmed the appropriateness of the Pacific islands programme of cooperation. However, the need for more streamlined procedures, clearer links between UNICEF support and programme objectives, and a reduction of ad hoc assistance is recognized. To provide closer and more regular contact with local programme activities, the MTR recommended that United Nations Volunteers be posted in five priority countries. It was also agreed that UNICEF cooperation should focus more on the region's least developed countries, especially the Solomon Islands and Vanuatu. Follow-up action is being taken on these recommendations. Continuous UNICEF advocacy, along with the preparation and review of reports to the Committee on the Rights of the Child, have contributed significantly to improved awareness and promotion of universal rights. Indeed, the MTR exercise itself was used to reinforce the concept of the cooperative programme as a mechanism for the progressive realization of children's and women's rights.

34. **CPMP**. The MTR process stimulated a substantial review and analysis of the internal structure, staffing and procedures of UNICEF. The new annual programme budget ceiling, raised from $1.4 million to $2.0 million effective in 1999, and the introduction of PROMS have additional implications for office organization and management. Some adjustments have already been made, but the first formal CPMP will be developed in 2000.

Major country programme evaluations

East Asia and Pacific region external review: Mekong subregion sexually transmitted diseases-HIV/AIDS project

35. This was a qualitative assessment carried out by a team of three external consultants selected by the main partners in the project: the Government of the Netherlands; the Joint United Nations Programme on HIV/AIDS (UNAIDS); and UNICEF. All three team members were senior people with expertise and experience in various aspects of HIV/AIDS programming. The regional assessment built on earlier country-level reviews carried out by other external consultants in each of the Mekong project's six participating countries. Country assessment reports and briefing sessions with country reviewers constituted a major input into the regional exercise, along with interviews and group discussions; field visits; consultations with UNICEF staff, government officials and other project partners at both regional and country levels; and a review of project documentation.

36. Substantively, the regional assessment focused on achievements in the four key result areas identified by the project: (a) the design and implementation of innovative and effective behavioural change materials and processes; (b) increased availability of, and access to, effective reproductive health advice and services; (c) increased availability of community-based care and support for affected individuals and communities; and (d) improved design and implementation capacity in HIV/AIDS prevention and care. In addition, two broad organizational questions relating to the relative advantages of a subregional project managed from the UNICEF Regional Office in Bangkok and to the project's contribution in strengthening UNAIDS at subregional and country levels were also addressed.

37. The results of the assessment were positive in all areas reviewed. In each of the key result areas, many examples of "innovative and important achievements" were cited. On the benefits of the subregional structure of the project, the regional team agreed with all country reviewers that this approach has produced tangible results that "stand-alone" country programmes could not have achieved as well or as quickly, if at all. Examples cited included areas such as intercountry experience exchange and sharing of lessons learned. In some countries such as Cambodia, Myanmar and Yunan province of China, the subregional approach facilitated greater donor responsiveness. This approach also enabled countries to learn from the many positive and innovative experiences of Thailand. Finally, on the role of the project in strengthening UNAIDS, the review found that UNICEF has consistently taken opportunities to develop collaboration with UNAIDS and its other co-sponsoring agencies. Based on the findings of this review, a second phase of the subregional programme has been initiated incorporating its recommendations.

Democratic People's Republic of Korea: nutrition survey

38. This survey was undertaken to assess the nutritional status of children in the wake of the recent natural disasters and economic crisis. Its main purpose was to establish a firm basis for improved programme planning and a baseline against which future assessments could be undertaken. Technical and financial inputs were provided by three sponsoring agencies — WFP, the European Union and UNICEF — while logistical support and manpower were contributed by the Government. A multi-stage stratified sampling design was employed to select a representative sample of children between the ages of six months and seven years old. However, since access for international assistance personnel was prohibited in some areas, the survey actually covered only 130 of the country's 212 counties, representing 71 per cent of the total population. A total of 1,762 children were measured for weight and height and examined for signs of oedema (the key clinical sign of kwashiorkor). Three standard indices of nutritional status were computed for each child: weight-for-height, a sign of acute malnutrition or wasting; height-for-age, an indicator of chronic malnutrition or stunting; and weight-for-age, a general measure of undernutrition. Field work was carried out by five-member teams consisting of a person from one of the sponsoring agencies and four nationals of the Democratic People's Republic of Korea — two health officers, an interpreter and a driver.

39. As expected, the survey found a very high prevalence of malnutrition. Overall, moderate and severe wasting affected approximately 16 per cent of the children, including about 3 per cent with oedema. Both stunting and underweight were detected in just over 60 per cent of the sampled children. Analysis showed that wasting peaks at over 30 per cent in the 12- to 24-month age group and falls off fairly quickly thereafter. Stunting and underweight, on the other hand, tend to continue rising through the fourth year, with little decline among older children. In general, the prevalence of malnutrition is substantially higher among boys than girls, particularly for wasting and underweight. These findings have been used by UNICEF and other agencies to better target child nutrition interventions in the country. A second nutrition survey is planned in 2000.

Viet Nam: study on the possible pollution caused by water-seal latrines to groundsoil and water after 10 years of operation

40. This study was undertaken at the request of UNICEF and the Vietnamese Ministry of Health to investigate whether or not water-seal latrines, constructed with UNICEF assistance during the period 1988-1993, had become sources of soil and groundwater contamination after about a decade of use. Both microbiological and chemical contamination were considered. In all, 24 water-seal latrines were selected in two communes located in the Red River delta. The selected locations were chosen as representative of the loamy soils of the delta region. Soil and groundwater contamination were evaluated at 16 of the latrine sites, while a simple survey of physical conditions and use characteristics was carried out at all 24 sites. The Centre of Environmental Chemistry, Hanoi National University, conducted the research.

41. Soil and groundwater samples were collected in both the wet and dry seasons to allow for changes in temperature and surface run-off. Reference samples were also collected from the same locations, but at

least 20 metres from latrines and other potential pollution sources. Tests for the presence of faecal coliform bacteria were used to evaluate both soil and groundwater contamination. In addition, water samples from 62 dug wells and tube-wells (including five reference wells) in the vicinity of the sample latrines were tested for unsafe chemical properties.

42. The study report concludes that there is no widespread bacteriological contamination of soil and groundwater surrounding the sample water-seal latrines. Water quality from 56 of the 62 wells tested was rated acceptable to good, and where contamination was found, sources other than the latrines, such as deteriorated pumps or nearby pigsties, were much more likely to be the cause. Similarly, chemical tests showed that most wells met WHO and Vietnamese standards, and that latrine effluence did not appear to affect water quality.

Conclusion

43. Although they differ substantially in detail and deal with very different programme environments, the five MTRs outlined above share several common features. First, they represent major investments in time and human resources for the offices involved. The planning, preparation and implementation for most of these exercises extended over a period of three to six months. Secondly, the reviews generally involved a wide range of participants, including government counterparts, partners from bilateral and multilateral agencies, NGOs and representatives of members of the UNICEF Executive Board. In a real sense, all of these MTRs were evaluative exercises, examining and analysing evidence already available or specifically assembled to determine the relevance, effectiveness and impact of the country programme and its major parts.

44. The activities described in the second section of this report are also evaluative, but of a different sort. They are more sharply focused and limited in scale than MTRs, but share with them the objective of informing programme planners and managers about what is working and what is not. The selected exercises represent a wide range of approaches designed to address different kinds of questions and utilize different kinds of data. The Mekong review is a broad thematic evaluation, examining qualitative data on similar programme activities carried out in widely varying conditions. The Viet Nam study is sharply focused and mostly quantitative, but the question it addresses has broad programmatic implications for UNICEF assistance. The Democratic People's Republic of Korea nutrition survey is not itself an evaluation, but as a baseline assessment, it serves as an essential prerequisite for any subsequent appraisal of change in the nutritional status of children in the country. Each of these studies has led to modifications in implementation and further programme development.